

Express Mail No. EV 740 585 021 US U.S. Patent Appln. Serial No. 10/682,131 Page 1 of 49

## IN THE UNITED SAFETY SPATENT AND TRADEMARK OFFICE

Applicant:

Jerry I. Jacobson et al.

Serial No.:

10/682,131

Filing Date:

October 9, 2003

For:

CARDIOELECTROMAGNETIC TREATMENT

Examiner:

Kahelin, Michael William

Art Unit:

3762

Mail Stop Amendment Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## AMENDMENT AND RESPONSE TO OFFICE ACTION

In response to the Office Action dated April 26, 2006, Applicant respectfully submits the following amendment and remarks. Also, fees are submitted herewith for 14 additional dependent claims. Although no additional fees are believed due, the Commissioner is hereby authorized to charge any fees required by this action to Deposit Account No. 16-1435. A duplicate of this sheet is attached for that purpose.

Amendments to the Specification begin at page 2.

Amendments to the Claims are reflected in the listing of claims which begins on page 33 of this paper.

Remarks/Arguments begin on page 40 of this paper.

07/28/2006 RMEBRAHT 00000015 10682131

01 FC:2202

350.00 OP

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

r ees pursuant to the Cons	Application Numb	er 10/682,13	1	OIPE					
FEE TRANSMITTAL				Filing Date	October 9,	October 9, 2003		AP.	
for FY 2006				First Named Inventor Jerry I. Jacobson et al.			JUL 2 6 2006		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Kahelin, Michael William			MADENA	<del>Š</del>	
				Art Unit	3762		The Revenue No.	NS)	
TOTAL AMOUNT OF	PAYMENT	(\$) 350.00		Attorney Docket No. 35733-293661			MULLI		
METHOD OF PAYMENT (check all that apply)									
☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account Deposit Account Number: 16-1435  Deposit Account Name: Kilpatrick Stockton LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING,				ADOU EEEO	EV	A BAINI A TION	FEEC		
	FILING	FEES Small Enti		ARCH FEES Small E		AMINATION <u>Small</u>			
Application Type	Fee (\$			e(\$) Fee(\$		e(\$) Fee		s Paid (\$)	
Utility	300	150	500		200				
Design	200	100	100		130		-	_	
Plant	200	100	300		160			_	
Reissue	300	150	500		600		· · · · · ·	<del></del> .	
Provisional	200	100	(	0	C	0		·	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Each claim over 20 (including Reissues) 50 25									
Each independent claim over 3 (including Reissues) 200 100									
Multiple dependent claims 360 180									
Total Claims								Fee Paid (\$)	
<del></del>				<u>350</u>			<u>Fee (\$)</u>	ree Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims									
- 3 or HP= x =									
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY									
Total III	11/4	11 67	KI	Registration	47 040	, 1	Telephone	(336) 747-7541	
Signature	Cynthia B. Rotl	hechild		(Attorney/Ag	ent) 47,040		Telephone Date	July 26, 2006	
Name (Print/Type)	Cyntinia B. Roti	ISCIIIU					Date	July 20, 2000	